

REQUEST FOR SECURITY ASSURANCE
TO BE COMPLETED BY REQUESTING OFFICIAL - MUST BE TYPEWRITTEN

PRIVACY ACT ADVISORY INFORMATION: U.S. DEPARTMENT OF COMMERCE ADMINISTRATIVE ORDER 207-1 MAKES IT MANDATORY THAT INFORMATION BE SOLICITED TO MAKE SECURITY CHECKS.

SUBJECT'S FULL NAME				DATE OF BIRTH		
LAST NAME	FIRST NAME	MIDDLE NAME	ABBREV.	MONTH	DAY	YEAR

PLACE OF BIRTH (USE THE TWO LETTER CODE FOR THE STATE)				SOCIAL SECURITY NUMBER		
CITY	COUNTY	STATE	COUNTRY (IF NOT IN UNITED STATES)			

OTHER NAMES USED AND DATES WHEN USED			
NAME	MONTH/YEAR TO MONTH/YEAR	NAME	MONTH/YEAR TO MONTH/YEAR
NAME	MONTH/YEAR TO MONTH/YEAR	NAME	MONTH/YEAR TO MONTH/YEAR

SEX (MARK ONE BOX) <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	SPECIAL AGREEMENT CODES	POSITION TITLE
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SON	SOI	OPAC-ALC NUMBER	ACCOUNTING DATA
		C M 0 0 1 3 0 6 0 0 0 1	

CHECK ANY REQUIRED BLOCKS BELOW AND CONTINUE TO PAGE 2

<input type="checkbox"/> (CODE E) CREDIT RECORD	<input type="checkbox"/> (CODE F) SELECTIVE SERVICE RECORD	<input type="checkbox"/> (CODE G) MILITARY PERSONNEL RECORD
<input type="checkbox"/> (CODE I) IMMIGRATION AND NATURALIZATION SERVICE RECORD	<input type="checkbox"/> (CODE N) BUREAU OF VITAL STATISTICS RECORD	

CITIZENSHIP(S)

HAS SUBJECT WORKED AT NIST IN THE PAST?

<input type="checkbox"/> YES (IF YES, DATE(S))	<input type="checkbox"/> NO
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IS FOREIGN NATIONAL COMING DIRECTLY FROM HOMELAND TO NIST AND/OR HAS CUMULATIVE RESIDENCE OF LESS THAN ONE YEAR IN THE UNITED STATES?

<input type="checkbox"/> YES	<input type="checkbox"/> NO (IF NO, FORM FD-258 ALSO REQUIRED)
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IS SUBJECT EMPLOYED BY ANOTHER U.S. FEDERAL AGENCY?

<input type="checkbox"/> YES (IF YES, PROVIDE NAME AND TELEPHONE NUMBER OF AGENCY SECURITY OFFICER)	<input type="checkbox"/> NO
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PERIOD OF ASSIGNMENT ESTIMATED ARRIVAL DATE	ESTIMATED DEPARTURE DATE	TOTAL NUMBER OF MONTHS	EXTENSION OF ASSIGNMENT <input type="checkbox"/> YES <input type="checkbox"/> NO
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CHECK (X) APPROPRIATE CATEGORY	<input type="checkbox"/> RESEARCH ASSOCIATE	<input type="checkbox"/> GUEST RESEARCHER	<input type="checkbox"/> INTERGOVERNMENTAL PERSONNEL ACT	<input type="checkbox"/> WORK-STUDY STUDENT
	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> STUDENT VOLUNTEER	<input type="checkbox"/> OTHER	

REMARKS

THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY DESIRES TO ACCEPT THE SUBJECT TO WORK AT AND USE THE FACILITIES OF NIST DURING ALL OR PART OF THE PERIOD INDICATED. REQUEST SECURITY ASSURANCE AND AUTHORIZATION TO MAKE THE FACILITIES AVAILABLE. CLASSIFIED MATERIAL OR RESTRICTED AREAS WILL NOT BE INVOLVED. APPLICABLE SECURITY REGULATIONS WILL BE ENFORCED.

YOUR CONTINUING ASSIGNMENT IS CONTINGENT UPON A SATISFACTORY COMPLETION OF THE SECURITY ASSURANCE BY THE DEPARTMENT OF COMMERCE.

FROM (REQUESTING OFFICIAL) (DIVISION CHIEF OR HIGHER)	SIGNATURE (REQUESTING OFFICIAL)	DATE OF REQUEST	DIVISION
IF FOREIGN NATIONAL TO OIAA FOR CONCURRENCE	OIAA CONCURRENCE (SIGNATURE)	DATE	
REQUESTING OFFICIAL NAME AND TITLE	SIGNATURE	TELEPHONE NUMBER (Including area code)	DATE